

Hawke's Bay District Health Board

Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Hawke's Bay District Health Board
Premises audited:	Central Hawkes Bay Health Centre Hawke's Bay Hospital Springhill Treatment Centre Wairoa Hospital & Health Centre
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 28 May 2019 End date: 31 May 2019
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	331



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

General overview of the audit

Hawke's Bay District Health Board (HBDHB) provides services to around 166,000 people in the Hawke's Bay region. Hospital services are provided from the Hawke's Bay Soldiers Memorial Hospital (Hawke's Bay Hospital) and rural health centres at Wairoa, Napier, Central Hawke's Bay and Springhill Treatment Centre. Services include medical, surgical, maternity, paediatrics, older persons/rehabilitation, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services. A strength of the DHB is its integrated approach to both planning and providing services across both primary and secondary care.

This four-day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, and review of clinical records and other

documentation. Interviews with patients and their families and staff across a range of roles and departments were completed and observations made. Auditors visited the Hawke's Bay Hospital, the Central Hawke's Bay Health Centre and Springhill Treatment Centre.

This audit identified 20 areas that require improvement across the standards. These relate to documentation of open disclosure, advance directives, complaints management, currency of policies, integration of all aspects of the quality system, follow through of and learning from corrective actions, risk management, orientation and training of staff, staffing requirements to meet patient demand and completion of documentation. Improvements are also required in relation to medication management, safe food management in ward areas, facilities and use of restraints and enablers.

Consumer rights

Patients and their families/whanau are provided with information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are respected. Services are provided that support personal privacy, independence, individuality and dignity. Staff were seen to interact with patients in a respectful manner.

Open communication between staff, patients and families/guardians/whanau is promoted and confirmed to be effective in most care settings. There is access to interpreting services if required. Information is available to patients and families to support informed choices and to give consent as required. Patients who identify as Maori or Pacifica have their needs met in a manner that respects their cultural values and beliefs. There was no evidence of abuse, neglect or discrimination. Appropriate support services are available when required. The service has linkages with specialist services to support best practice and meet patient's individual needs.

Complaints processes meets the requirements of Right 10 of the Code. Patients knew how to make a complaint and complaints have been resolved within the required timeframes. Patients and families interviewed were satisfied with the care and services provided.

Organisational management

The governance structure has been developed to support and integrate a primary and secondary care approach to planning and service delivery with strong consumer involvement. Strategic planning is in progress based around the Clinical Services Plan, which was developed following a comprehensive consultation process. Annual planning and reporting follow statutory requirements. Hospital based services are managed through seven directorates with a mix of clinical leadership and service leadership roles.

The quality and risk management system is in a period of transition with several new roles under development. The executive director for people and quality reports to the chief executive officer and is supported by several quality facilitators and other organisation wide roles who work within the directorate structure. A new clinical governance structure, through which committees and clinical groups report, is still developing. Good examples of reporting on quality and patient safety measures were noted supported through the well-developed business intelligence team. Improvement activity was evident at all levels of the organisation, from large projects using the co-design methodology across the continuum of care, to small ward-based initiatives.

Adverse events are managed through an electronic management system, with review and development of the more serious events. Recommendations, in these cases, are well monitored to ensure completion as intended. Risks are reported to the Finance, Risk and Audit Committee and the Board. The external audit programme, including legislative compliance, supports identification of risks.

Good human resources systems are in place around recruitment. The staff orientation process is currently under review. Credentialing of senior medical staff is undertaken on a two-yearly basis. Staff report good access to ongoing training. Work continues to identify mandatory training for some areas of staff. Departments and services continue to develop and offer training directed at their specialist needs.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The organisation is well progressed with the implementation of the Care Capacity Demand Management (CCDM) programme, which is positively impacting on matching patient requirements to staffing. Staff are well supported by several expert clinical roles who are working in innovative ways to support care delivery and less experienced staff.

Patient records are integrated and easily accessible. Patient information was held securely and not visible to those without the authority to have access.

Continuum of service delivery

Patients access services at HBDHB based on clinical need. Policy guides practice in all service areas. Waiting times are managed and monitored, with waiting time pressures noted in some service areas. Pre-admission assessment processes are completed where appropriate. Entry criteria determine access to services.

Nine patient journeys were reviewed as part of the audit process. This involved medical, surgical, paediatrics, maternity and mental health services as Central Hawke's Bay Health Centre. Other areas visited included intensive care, the high dependency unit, coronary care, operating theatre, the emergency department, special care baby unit Assessment, Treatment and Rehabilitation Services and discharge lounge. Auditors and technical expert assessors work collaboratively to review systems and processes, relevant patient documentation and undertook interviews with patients and family/whānau, and the medical, nursing and allied health team.

Screening tools are used to assess various clinical risks for patients, and these form the basis of the plan of care provided by the medical, nursing and allied health staff. Plans are integrated and patient focused. Pathways are used to plan and implement care for some procedures and conditions based on best practice. Daily 'rapid rounds', staff 'huddles' and multidisciplinary team reviews are routinely undertaken according to the service type, with discharge planning commencing from admission onwards.

An early warning score is used to identify changes in the patient's condition and is well completed and appropriately responded to across the services. Activities are focused on restoring and/or maintaining function, as appropriate to the setting.

Medication management is guided by comprehensive medication policies and procedures. HBDHB uses the national medication chart in various forms. Medication storage is adequate in most areas and overall prescribing and administration occurs effectively.

Food services are provided in-house except for Central Hawke's Bay, where this is an externally contracted service. Special food requirements are met, and patients express satisfaction.

Safe and appropriate environment

Waste and hazardous substances are managed with policies and procedures to guide staff. Review of chemical storage and of the staff who work with hazardous chemicals is being monitoring on a regular basis. Personal protective equipment and spill kits are available to staff.

Some of the buildings are old and maintenance is being undertaken on an ongoing basis, including seismic strengthening, to ensure building are safe for the different patient groups. There are adequate numbers of toilets, showers and rooms for patients, whanau and visitors, outside spaces are available around all buildings. Sufficient personal spaces around patients' beds are available in all areas. Patient areas have adequate natural light, heating and ventilation.

Equipment including biomedical equipment have planned and reactive maintenance programmes in place. Staff reported a good response when maintenance requests are made. Laundry services are externally contracted and meet the needs of the services. Cleaning is managed through a contracted service with well-trained cleaners attached to specific clinical areas. The facilities were observed to be clean during the audit.

Emergency systems are in place and staff undertake training in these areas on a regular basis. Security of the facility, staff and patients is via call bells, alarms, closed circuit monitors, orderlies and security guards onsite. Provision of essential services have been identified to ensure a continuation of services in a civil event or natural disaster occurring.

Restraint minimisation and safe practice

The organisation has policies and processes to guide staff in the use of restraints and enablers with a focus on reducing the use of restraint including seclusion. Mental health services are part of the national zero seclusion national project. The Restraint Advisory Group (RAG), have made changes to its membership to encourage a wider input from different areas. Events are logged on the organisational electronic adverse event management reporting system and some changes are occurring in the new upgrade of the

system which will assist with monitoring of restraint use. Staff have received training including de-escalation and mental health staff have undertaken safe practice and effective communication (SPEC) training.

Infection prevention and control

Hawke's Bay DHB provides a managed environment to minimise the risk of infection. The infection control programme is signed off and implemented by staff with the necessary skills and expertise. Policies and procedures are online and comply with good practice standards. Staff education is delivered to meet need and support clinical practice and strengthen knowledge. The surveillance programme meets the size and complexities of the services provided and comply with required reporting. Data is analysed and evaluated with appropriate recommendations made. There is guidance for effective and appropriate antimicrobial use.